

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 3493-0156PUS1	
Application No. 10/560,807-Conf. #9005		Filing Date April 25, 2006		Examiner L. H. Schlientz	
Art Unit 1618					
Applicant(s): Marc PORT et al.					
Invention: PEPTIDE CONJUGATE FOR MAGNETIC RESONANCE IMAGING					
<p>MS Amendment          Commissioner for Patents          P.O. Box 1450          Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application.          The fee has been calculated and is transmitted as shown below.</p>					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	18	- 20 =	0	x 52.00	0.00
<b>Independent Claims</b>	1	- 3 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month; Submission of an Information Disclosure Statement					1,110.00 180.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>1,290.00</b>
<input checked="" type="checkbox"/> Large Entity <span style="float: right;"><input type="checkbox"/> Small Entity</span> <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>1,290.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. <input type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
#47,604				Dated: <u>September 10, 2010</u>	
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